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PTO/SB/21 (09-04) Approved for use through 07/31/2008. OMB 0651-0031
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid QMB control number. Application Number 10/846.554 Filing Date August 23, 2006 TRANSMITTAL First Named Inventor Alexander Schowlka **FORM** Art Unit 2672 Examiner Name Michelle K Lay (to be used for all correspondence after Initial filing) Attorney Docket Number D3-008CIP Total Number of Pages In This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC **√** Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) **|** Petition Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer balow): Extension of Time Request RCE Transmittal (PTO/SB/30 in duplicate) Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Small Entity status is claimed for RCE fee Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Signature Printed name Robert Dulaney Reg. No. 28071 Date February 2, 2006 CERNFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being accimile transmitted to the USPTO or deposited with the United States Postal Service with o: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on sufficient postage as first class mail in an envelope addressed the date shown below: Signature

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Date

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL Filing Dete August 22, 2003 First Named Inventor Alexander Schowtks Examiner Name Michelle K Lay	RECEIV GENTRAL FAX ( FFR n 2
For FY 2006 First Named Inventor Alexander Schowtka	OENTRAL FAX
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The state of the s	
Applicant claims small entity status. See 37 CFR 1.27  Art Unit 2672	
TOTAL AMOUNT OF PAYMENT (\$) 150 Attorney Docket No. 03-008CIP	
METHOD OF PAYMENT (check all that apply)	
Check Credit Card Money Order None Other (please identify):	
Deposit Account Deposit Account Number 502765 Deposit Account Name: Vista Print USA	<u> </u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
Charge fee(s) indicated below Charge fee(s) indicated below, exce	pt for the filing fee
Charge any additional fee(s) or underpayments of fee(s)	
under 37 CFR 1.16 and 1.17 warning: Information on this form may become public. Credit card information should not be included on this form. Prov	vide credit card
information and authorization on PTO-2038.	
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES	
Small Entity Small Entity Small Entity	Fees Paid (\$)
Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$)	recar and to
Utility 300 150 500 250 200 100	
Design 200 100 100 50 130 65	
Plant 200 100 300 150 160 80	
Reissue 300 150 500 250 600 300	
Provisional 200 100 0 0 0 0	Sanali Entity
2. EXCESS CLAIM FEES	Small Entity Fee (\$)
Fee Description 50 Each claim over 20 (including Reissues)	25
Each independent claim over 3 (including Reissues)	100
Multiple dependent claims 300	180
TOTAL CISITIS	pendent Claims Fee Paid (\$)
35 - 20 or HP = 6 x 25 = 150 Fee (\$)  HP = highest number of total claims paid for, if greater than 20.	100 - 010 147
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	
10 -3 or HP = 0 x = 0 HP = highest number of independent claims paid for, if greater than 3.	
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listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for e	Sacu andimonat 20
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (	S) Fee Paid (S)
-100 = /50 = (round up to a whole number) x	= <del></del>
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)	<u>Fees Paid (\$)</u>
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):	
Office (6.5.) rate trims and 801.	
SUBMITTED BY  Signature Registration No. 28071  Telephon	19-04-64E-0000
Olgitation   Altorney/Agent/	<sup>8</sup> 781 547 6360
Name (Print/Type) Robert Dulaney Date Feb	nuary 2, 2006

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